ARACHNOIDITIS
A TOXIC CHEMICAL TRAGEDY

A devastating disease called arachnoiditis is caused by the corrosive action of certain dyes that have been used in spinal X-ray imaging, yet the sufferers are receiving no special treatment or compensation.

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Web of deception

Imagine that you have just got out of bed and turned on the TV. You hear that over 100,000 fellow Australians have been struck down with a mystery virus or infection. They are so devastatingly affected that many are in extreme agony, others want to end their life and the rest are crippled.

This is not just another bad-luck medical story. This is a story of deliberate deception by a pharmaceutical drug manufacturer that has sacrificed people's health in the name of corporate profits, with the ongoing approval of the Australian Federal Government. This is an intensely sad human-interest story of a medical chemical that went horribly wrong and whose effects have been hushed up by both the Federal Government which approved it and the pharmaceutical company which manufactured it.

This corrosive chemical is an oil-based acid called Iophendylate. It has been used as an imaging dye that is injected into the spinal canal before spinal X-rays (myelograms) to increase the contrast. It has been sold under brand names such as Pantopaque and Myodil. These dyes have been manufactured and sold by several chemical companies. Pantopaque was manufactured by Lafayette Pharmacal Company, later acquired by Alcon Laboratories, using materials supplied by the Eastman Kodak Company—materials originally designed for use in photographic processing. Pantopaque was approved for experimental use only in Australia between 1974 and 1978. Myodil is a copy of Pantopaque, made by the Glaxo Company between 1945 and 1988 and supplied in the UK and Australia, among other countries. According to a study commissioned by the New Zealand Ministry of Health and released in February 2002, from the 1940s to 1980s there were approximately one million oil myelograms performed each year throughout the world. However, with the advent of magnetic resonance imaging (MRI), myelography with these kinds of chemical dyes is not performed as frequently.

Iophendylate contains hydrochloric and sulphuric acid, potassium permanganate (raw iodine) and benzene (a cancer-causing substance) in an oil base. It causes an excruciating condition known as Arachnoiditis as it migrates throughout the body, causing massive allergic reactions and destroying tissues, nerves and organs, slowly causing death. When the chemical causes the nerves and spinal canal to "fuse" into a conglomerate of mixed-up tissues, nerves and spinal cord, this is called Adhesive Arachnoiditis, and it's the worst and cruellest form of the condition.

Most people have not heard of arachnoiditis—such has been the paranoia of the government and the medical profession. It is one of Australia's greatest shames that patients, with government approval, were injected with this corrosive chemical. The drug Myodil was approved by the Australian Federal Government in 1970 and was used over a period of 19 years from 1970 to 1989.

Can you imagine what this drug did to the patients' bodies? It corroded the spinal cord, nerves and tissues and migrated into the brain and other organs, causing excruciating, ballistic, nuclear hell (as many have described it), paralysis and even death for these innocent victims. Those who died were lucky; the others lived on, wheelchair-bound in intense pain or bedridden and crippled in agony.

The name "arachnoiditis" arises from the sub-arachnoidal space at the bottom of the spine. If you look at a diagram of the human skeleton, you will see at the back of the pelvis four holes on either side where nerves from the legs go up into the spinal canal. It looks like the eight legs of a spider, hence "arachnoid"; and "-itis" is a suffix meaning "inflammation". So arachnoiditis is the result of body tissues and nerves being eaten away by this acid, leaving

scarring or complete destruction of the nerves and tissues. This may occur anywhere in the body as the oil-based acid migrates. These symptoms vary greatly in different people, making arachnoiditis difficult to diagnose, with patients often misdiagnosed as having chronic fatigue syndrome, asthma, motor neurone disease or multiple sclerosis. Sadly, very few people and doctors understand this problem that affects an estimated 100,000 Australians.

When we look at others suffering pain we are sympathetic, but we cannot understand the pain level they suffer. One mother said to me that arachnoiditis was like giving birth to her six children all at once, 24 hours a day for the last 25 years. If you are a mother who has had a difficult time giving birth, you will have some understanding of the pain. Others describe it as a ballistic, nuclear, burning hell; you can be burning and sweating in winter and freezing in summer, trembling and shaking so much that you lose control.

The problem originated with the approval of iophendylate for use in Australia, without adequate testing, provision of test data or safety guarantee required from the manufacturer. The Commonwealth Health Department approved the drug on no proven safety basis.

The US Food and Drug Administration (FDA) only ever licensed the iophendylate drug Pantopaque for *one* use, registering it on 22 February 1944. The chemical formula Pantopaque was thus introduced in 1944, but it was banned in Sweden in 1948, in the United States in 1957 and in the UK by 1990. It was never licensed anywhere else. The manufacturers manipulated this product into hospital use throughout the world on product liability statements which constituted *fraud*, affecting millions of people worldwide. These statements stated the chemical is safe for human use, but hundreds of medical papers now show it is not.

Arachnoiditis patients are often misdiagnosed as having chronic fatigue syndrome, asthma, motor neurone disease or multiple sclerosis.

Iophendylate is corrosive: it dissolves paint, linoleum, rubber, glue, cork tiles and polystyrene coffee cups. Injecting it into people's spinal canals where it corrodes the nerves and spinal cord and wreaks havoc throughout the body and brain is stupidity straight out of a Nazi horror movie. Test your imagination: you are being very slowly cut in half from the bottom to the top with a carpenter's power saw—if that makes you feel a little uneasy and squeamish, you're getting close to what many arachnoiditis sufferers go through 24 hours a day, seven days a week.

Iophendylate came to be used in Australia under what is termed a "grandfathered" agreement, i.e., it is being used in three or more other countries, so it was unlicensed. It was imported into Australia under the Pantopaque brand name between 1974 and 1978, but was approved for *experimental use only*, licensed on a restricted basis to four hospitals. The importer of Pantopaque was licensed to import 150 units; in contravention of the import permit, 13,500 units were imported into Australia.

According to independent researcher Derek Morrison, in June 1978 the Australian Therapeutic Goods Board advised that the company which imported and distributed Pantopaque (allegedly Mr Ernie Hughes) "was involved in unauthorised distribution of the product".

All experiments have procedural requirements to be followed. Where are the signed informed-consent forms of the victims? Where is the experimental documentation? Where are the pharmacology and pathology test results and data sheets? If no pharmacology tests were carried out and if no experimental data were recorded according to medical research procedures, then the manufacturer and importer of this chemical at least committed fraud, for they received financial gain by deception. As there is no statute of limitations on fraud, this fraud must be investigated by the Australian Federal Police and charges laid *now*. The manufacturer must be held accountable for its deceitful and misleading statements on product safety. The law ought to be applied equally without fear or favour or discrimination. Where was the government overview and control of the "experimental use only" proviso?

Adverse reactions ignored in Australia

Following are some landmark findings on the serious adverse effects of iophendolic acid and its component ingredients (for references, see http://www.arachnoiditis.info/content/pantopaque/sarahs_pantopaque.doc):

1928: Odin, Rundstrom and Lindblom (Sweden) published a paper on their findings of acute reaction to iodised oils.

1932: The American Medical Association issued a warning about the long-term risks of introduction of foreign oily compounds into the spinal fluid for imaging purposes.

1938: Mettier and Leake also described adverse reactions to Lipiodol (iodised oil).

1940: Neurologist Eric Oldberg (US) wrote of similar findings.

1930s–40s: Neuroradiologists in Stockholm, working with the famous neurosurgeon Olivecrona, saw patients from all over the world who had previously undergone oil-based myelography and had sustained arachnoiditis as a result; they also had residual dye in the spine and head. It appears that as early as 1935, a decision *not* to use oil-based contrast media was taken by leading Swedish neuroradiologists. Pre-licence studies of the new dye, ethyl iodophenylundecylate (iophendylate), demonstrated chemical meningitis similar to that seen by various authors. Strain and Warren had already conducted animal studies on the new dye, which had originally been synthesised by Plati in 1937–38. These clearly demonstrated that the compound was not absorbed by the body but remained permanently encysted within the spinal column and could thus trigger inflammatory reaction and fibrosis.

1941: Markovich, Walker and Jessico studied the effect of iodised oil on the meninges and published their findings in the prestigious journal *JAMA*. They stated that "after the injection of iodised oil…the oil becomes rapidly encysted by proliferation of the arachnoid membrane".

1952: Erickson et al. published a case report of a fatality after Pantopaque myelography, due to obstructive hydrocephalus.

1953: Schurr et al. described meningeal irritation due to Pantopaque.

1956: An important paper by Davies was published which detailed findings in 124 patients at surgery and up to a year after myelography; 60% showed immediate reaction and 12% developed "chronic adhesive meningitis".

1960: Whilst Taren published a report of raised intracranial pressure and multiple cranial nerve palsies after Pantopaque myelography, labelling was approved by the FDA in America.

1962: Mason and Raaf reported a case of obliteration of the subarachnoid space by Pantopaque-induced arachnoiditis.

These are but a few of the pre-approval scientific medical papers published. Hundreds of other medical-scientific reports of extremely serious adverse (and fatal) reactions to this chemical were published prior to the Australian Federal Government's approval of the chemical for use in Australia. The evidence was so voluminous and overwhelming at the time that the Department of Health cannot claim ignorance of the dangerous consequences of the chemical's use. The Government has a legal and moral obligation to give full recognition to these suffering victims and the dignity of acknowledging their special needs.

The NSW Health Department's Radiology Advisory Committee in its 4 July 1995 report acknowledged that "Myodil is a cause of arachnoiditis, a condition that may result in chronic severe and debilitating pain".

In relation to the dangers apparent in using the chemical, Professor F. J. Palmer, Director of Diagnostic Radiology at the Prince Henry and Prince of Wales hospitals, wrote about Myodil in his December 1994 report: "By the mid-1960s, anyone practising myelography should have been aware of the association of Myodil/Pantopaque [Iophendylate] with arachnoiditis."

Iophendylate is corrosive: it dissolves paint, linoleum, rubber, glue, cork tiles and polystyrene coffee cups.

Injecting it into people's spinal canals where it corrodes the nerves and spinal cord and wreaks havoc throughout the body and brain is stupidity...

Symptoms and diagnosis of arachnoiditis

A great number of medical professionals do not know how to diagnose arachnoiditis, and, in fact, some even deny that arachnoiditis exists. Lack of information prevents the physician from making the correct diagnosis of this disease.

Even the physicians who administer the myelographic procedure do not know all the symptoms and effects of arachnoiditis. When questioned by patients, they may become frustrated and angry. Package inserts which list side effects and toxicity are supplied by the manufacturers and distributed mainly to hospitals and radiology groups. Physicians who treat the problems associated with arachnoiditis are not provided information on the devastating long-term consequences brought on by this contrast medium. Due to time constraints and the fact that much of the data is published in specialist literature, the average physician is poorly informed about the link between iophendolic acid and arachnoiditis.

The disease is often labelled as failed back surgery syndrome (FBSS), lupus, multiple sclerosis, chronic fatigue syndrome, stiff-man syndrome and degenerative disc disease, just to mention a few. Millions of people all over the world who have arachnoiditis are unaware of the cause of their suffering. Proper treatment cannot be obtained because diagnostic criteria cited in medical reports are not readily shared with the medical professionals who treat people with the disease.

Failure to recognise the insidious nature of the disease is a major complication, especially when the symptoms may occur immediately or take years to develop, can be inconsistent and can manifest themselves in many ways. This often results in misdiagnosis with chronic fatigue syndrome, asthma, motor neurone disease or multiple sclerosis.

The symptoms often include impotence in males, limitation of spinal movement, weakness in the legs and a need for regular analgesia. Headache, bladder and bowel dysfunction are common. Burning pain is the significant feature, with one study reporting 96% of patients with lower back pain and 98% with leg pain. *No other disease causes this burning sensation*, which is also reported in the insteps, inner aspects of the knees and in the lumbosacroiliac area. However, arachnoiditis can go undiagnosed for years, and even then may only be diagnosed by excluding all other causes. Arachnoiditis sufferers are often unable to work; the average life-span is reduced by 12 years (although another study stated "by up to 20 years").

Liability of manufacturers

Manufacturers should be financially accountable for all costs incurred by the victims. The Australian Government should be funding litigation against the manufacturers to recover the millions of dollars' worth of medical expenses that have accrued over the last 30 years and will be incurred in the future.

The current compensation system requires the compulsory reimbursement of medical costs before any compensation to the victim is paid. If you win a medical or injury compensation payment, the Australian Health Commission holds your award at its leisure until it searches its files and deducts all medical costs associated with this injury—and then pays you the residual. This often means that the victim receives *no* compensation after the legal fees have been paid. This is bureaucratic nonsense, as it results in lawyers not taking cases they can win because only the medical expenses get paid. These disabled victims are left destitute and unable to fund any attempt for compensation, so they rely on solicitors who do *pro bono* work. Recovery of medical and hospital expenses has been a high government priority and is enforced by specific legislation, so why are chemical companies exempt from paying for the damage their chemicals cause?

Why doesn't the Australian Government hold the same priority with the pharmaceutical companies for costs incurred by the Health Commission? Where is the legislation to recover expenses against these pharmaceutical companies for the injuries sustained from their deadly chemicals which are often used illegally—or is this just another torture for the victim and their families to endure, another ongoing discrimination to bear?

Taxpayers via the Health Commission (Medicare) have to maintain the massive expense of maintaining the lives of these suffering, debilitated victims. Arachnoiditis sufferers often experience the double-whammy of family break-up and they live a life worse than the average dog. You may think this is being overtly descriptive, but not so. It is very blunt reality: just talk to some of the disabled people, as I have. Where is the equality of one law for all?

Manufacturers' reported side effects

Regarding Myodil, the manufacturer Glaxo's package insert stated: "Acute side effects reported by the manufacturers include headache, backache, neck stiffness, nausea, vomiting, fever and the more serious effect of allergy. An acute aseptic meningitis has been

reported to occur in approximately 0.05% of Myodil cases which is why it is recommended that the agent be removed from the spinal column after examination." Such removal was *never* done in Australia.

The *Australian Adverse Drug Reactions Bulletin* noted the relationship between the retention of Myodil and adhesive arachnoiditis as far back as February 1975.

Arachnoidal reaction in the brain is most prominent around the brain stem, which is significant due to the close proximity to the lower cranial nerves. As explained by Dr I. H. J. Bourne (now deceased) in "Lumbo-Sacral Adhesive Arachnoiditis: A Review", (*Journal of the Royal Society of Medicine* 1990; 83: 262–265, 1990):

"The relentless and progressive pain syndrome of arachnoiditis is taxing to the patient's morale. In many instances doctors, relatives and friends fail to realise that the pain can be as bad as terminal cancer, without the prospect of death to end the suffering. Well-meaning enquiries as to whether there is any improvement, with the implication that there must inevitably be improvement 'since it is not cancer', are distressing to the patient. There are sympathetic doctors, relatives and friends who expect the patient to be brave, stoical, and cheerful. In the end the patient yearns for less exhortation and more compassion. Compassion is an important consequence of comprehension of the existence and nature of arachnoiditis."

Adhesive arachnoiditis is not a notifiable disease in most countries and, as such, there is no obligation on the doctors to report cases.

Arachnoiditis pathophysiology

According to Jennifer Owen in her thesis for her Master of Science (Optomology) (University of NSW, June 1998):

"Cranial palsies and late visual effects may arise independently or follow the acute reaction. The contrast agent injected into the lower spine reaches the cranium, as Myodil has been noted on the dental X-rays of patients with chronic headaches and jaw pain. Even after removal of the dye, there is always a small amount of residual dye that can reach the brain.

"Immediate reactions, which are either allergic or vascular, include allergic reactions of the conjunctiva and lids, flickering light and photophobia. Late effects that involve the posterior visual pathways include reduced vision, red-green colour defects, scotomas and cortical blindness.

"Arachnoiditis is characterised by the formation of granulomatous tissue and nerve root adhesions within the leptomeningeal sac. Since the arachnoid and subarachnoid spaces are void of blood vessels, it is expected that the inflammatory reaction arises in the enriched cascularised pia and dura mater. The pia mater is easily traumatised as it is very fragile and sensitive to both chemical and physical injury, and the dura can participate in the production of both dura-leptomeningeal adhesions even without its own direct injury.

"Upon application of a contrast agent, the delicate structure of the arachnoid tissue is invaded by macrophages and covered with a fibrin-like substance. The ensuing inflammation adheres the pia to the dura, obliterating the subarachnoid space. Globules of the contrast agent are often enmeshed in the dense scar tissue. The entangled nerve roots hypovasculate and become progressively atrophic."

Lumbosacral adhesive arachnoiditis is a particularly cruel disease because of the nature of the pain syndrome associated with it, yet its pathophysiology is well understood and is no mystery. The type of pain is uniquely incapacitating, and dolorologists have created the term "regional complex pain disorder" (RCPD) to describe it. (Source: Derek Morrison)

This writer has seen X-ray evidence and a report dated 7 September 1982 (by D. Jones, radiologist at Murwillumbah Hospital, NSW) of Myodil widely dispersed in spinal canals and in "the basal cisterns of the skull", as well as MRI evidence dated 28 March 2006 (from Dr G. Ioannou of South Coast Radiology) of Myodil reaching the brain, "located in the left middle cranial fossa".

Adverse reaction rates

In June 1998, the US National Institutes of Health published "new" findings in relation to the "cause and effect" of iophendylate, listing 80 medical conditions based on reported adverse reactions, many of which can be considered life threatening. Commenting on this, a UK arachnoiditis group noted: "Even at this early stage...it's important to list these, so a record of such 'official, reported' related medical conditions is available to yourself and the wider community, especially sufferers and their loved ones."

It's important to place it on the record that until now the medical profession throughout the world has stated that chemically induced adhesive arachnoiditis develops in "less than 1% of patients" who have previously undergone a myelography with iophendylate.

Furthermore, "it's a very rare phenomena [*sic*]". This statement is not only misleading, it's a lie. In fact, the most current statistical data published shows that the figure is 82.3 per cent. This figure is sourced from the US Food and Drug Administration, the body that originally licensed iophendylate (as Pantopaque).

The FDA's Spontaneous Reporting System, maintained by the Division of Epidemiology and Surveillance, noted on 12 June 1998 that between 1991 and 1995 in the USA, 335 adverse reactions were reported with this chemical. Of these 335 people with adverse reactions, 275 developed chemically induced adhesive arachnoiditis—a reported 82.3% relationship (actually, 82.1%), not the "less than 1% of patients" as currently being touted in the courts by medical bodies.

UK medical researcher S. P. Cunliffe, writing to doctors in 1997, asked: "So why have doctors to date said that adhesive arachnoiditis is a rare condition? The answer to that is very simple. Adhesive arachnoiditis is not a notifiable disease in most countries and, as such, there is no obligation on the doctors to report cases or collect any data recording the number of sufferers. Nor are they reporting adhesive arachnoiditis as a side effect of any drugs used."

Commenting on the situation in Australia, Cunliffe said: "It's time the Australian Government instructed doctors who see and treat those suffering this disease to report these adverse reactions;

furthermore, getting these same doctors communicating with their colleagues, so when [a patient presents] with apparent related neurological symptoms the patient is sent for an MRI without contrast or Gadolinium. A sufferer of arachnoiditis should *never* be exposed to any further contrast mediums of any kind."

Cunliffe continued: "To correctly diagnose arachnoiditis, it is critical that the MRI machine is *not* set on the current settings that use water-based contrast mediums, but set for the *positive* for this oil-based contrast medium (chemical) that was used on the patient many years earlier. Until this is done, a 'false' report of 'limited severity' will continue. Once an MRI has been done using these 'old' settings, a patient must then have a full Nerve Conduction Test of all limbs including VERs.

"Adhesive arachnoiditis is not just a dirty word, as some medical professionals describe it. Arachnoiditis is a disease which destroys the lives of many human beings and their families. We ask doctors to help us find an effective form of treatment, or even find a cure for this disease, and do your level best to prevent others from contracting this 'horrific' debilitating condition."

An estimated 100,000 or more Australians are suffering from this cruel, incurable condition (although a senior government medical officer told one arachnoiditis sufferer in Victoria that the figure for victims of the "blue dye" is more likely to be 350,000). Most annoying to the sufferers of arachnoiditis is that the symptoms have all too often been dismissed as "psychosomatic". However, the contemplation of suicide by these victims is all too frequent and is *real*: death is preferable to a lifetime of agony.

Even today, none of the oil-based myelography substances has ever been officially acknowledged to be toxic.

Medicine is practised on a "risk versus benefit" basis, so how can it be carried out if the doctor is deprived of appropriate information or is ignorant of the risks? How can the patient give "informed consent"? One doctor told me that if you had Myodil dropped into your eyes, you would lose your sight.

X-ray contrast agents

The following quote is from US radiologist and neurological specialist Dr Ken Giles. It is taken from a newsletter produced by researcher Derek Morrison (bracketed sections are added for the reader's understanding):

"[Arachnoiditis] is but one of the many lesions caused by X-ray contrast agents, as a glance into the publication *Martindale's Pharmacopoeia* will demonstrate. Indeed, the arachnoiditis caused by oils is quite different from water-soluble agents. The oil Myodil [and Pantopaque] causes adhesive arachnoiditis as the result of the oil globules, particularly those which lodge in the nerve root pockets for long periods. The oil is slowly eliminated at the rate of 1 mL/year [this is currently being disputed, as X-rays show a 65 mm column of the oil-based acid still in the spine and globules in the brain 34 years later]. During this time fibroblasts, in a futile attempt to seal off the irritant, secrete collagen which invades and destroys the nerve roots: the result is paralysis of the muscles served by the spinal nerve, which [currently] is untreatable. On the other hand, the later-developed water-soluble agents did not (it was said) cause arachnoiditis. We now know that this is not so.

"If the agent is injected at a hypertonic concentration [hypertonic means "a solution that has a greater osmotic pressure than another solution", in this case cerebrospinal fluid], the osmotic shock induced can cause arachnoiditis. However, the agent intermingles with the cerebrospinal fluid and in a few days is eliminated in the urine. However, extensive diffuse scarring results but without adhesion to the nerve roots. There is no paralysis but extensive, sometimes all-body pain is permanently induced, particularly by Metrizamide [known also as Amipaque for those retired professors of radiology in Australia who have "selective memory"]. It is known that the water-soluble agents enter the central nervous system, particularly the cerebrum, prior to elimination. The consequences are an increased rate of nerve cell death accompanied by a plethora of neurological deficits from psychosis [meaning one of a group of mental disorders that feature loss of contact with reality] to grand mal [major epileptic attack with loss of consciousness]."

Dr Giles further stated: "...it seems that because Metrizamide does not contain sugar, when it enters the central nervous system it begins to destroy the sugars that are present there. That means that the brain becomes starved of oxygen, and so cell damage occurs, as does epilepsy."

It is noteworthy that even today, none of the oil-based myelography substances has ever been officially acknowledged to be toxic. Because Myodil dissolves rubber, glues, linoleum, paint, cork tiles and some plastics, surely this must have made some of the medicos question its suitability? How many brain cells are needed for a doctor to realise that any foreign, corrosive, oil-based chemical injected into the spine must cause unbelievable problems?

This is the body's main nerve centre.

Derek Morrison has made available a 40-page history from 1938 to 2000 of adverse findings (with 13 pages of reference footnotes) against Pantopaque. The research documents how the drug caused arachnoiditis and it provides evidence of neurotoxicity, cysts, associated syrinx (fluid-filled cavity in the spinal cord) resulting in progressive spastic paraparesis (paraplegia), chronic focal seizure, encephalopathy causing post-operative convulsions, blindness, granulomatous meningitis in the brain and spinal cord, etc.

In Australia the manufacturers and importers of Iophendylate misled everybody with their product safety statements, acting without guilt and indiscriminately destroying people's lives in the name of profit. So why hasn't the government done anything to help these victims? Why hasn't it sued these companies for the millions of dollars in medical costs incurred by Medicare—that you, the taxpayer have paid for?

Myelography and Myodil in Australia

Concerning Myodil, it should be borne in mind that the manufacturer:

1) conspired not to supply complete and forthright animal and clinical data regarding the risks of injection of Myodil into the subarachnoid space for myelography to the Australian Department of Health and the medical community;

2) failed to provide adequate and truthful information to the Department of Health, the medical community and the Australian public in official documents, labelling, product promotions, and written and oral communications while downplaying the severity of adverse events and risks;

3) knowingly marketed a product to the Australian public via prescription by physicians while not providing those physicians with adequate information regarding potential risks and benefits;

4) knowingly marketed a product that could be dangerous to physicians when it was aware that Myodil is toxic to animals and humans when injected into the subarachnoid space and is associated with granulomatous meningitis, severe progressive obliterative arachnoiditis, adhesive arachnoiditis, paralysis, seizures, bladder and bowel dysfunction, coma and even death;

d) placed corporate profits from sales of Myodil over legal responsibilities and obligations to ensure the safety of its product for the Australian public (such irresponsible and dangerous actions by the manufacturer prior to 1970 directly contributed to the pain and suffering of the Australian public exposed to Myodil and directly contributed to the Australian healthcare burden via Medicare).

As for the drug itself:

1) Myodil is not water soluble and remains primarily unabsorbed in the body;

2) Myodil histologically has been shown to trigger a severe granulomatous foreign body inflammatory reaction;

3) Myodil injection into the subarachnoid space for myelography has been acutely associated with producing symptoms of aseptic and chemical meningitis, fever, shock, respiratory arrest, coma and death.

4) Myodil myeolography has been associated with severe, chronic adhesive and obliterative arachnoiditis, progressive neurological deficit, paralysis, focal and grand mal seizures, blindness, cauda equina syndrome, obstructive hydrocephalus, chronic pain, shock, coma and death.

5) Myodil injection carries both significant and severe acute and long-term risks for the patient beyond the risks of routine lumbar puncture.

6) Myodil studies on human hypersensitisation have never been conducted.

Why haven't the chemical companies and the drug manufacturers and importers been charged for the cruel suffering that their chemical has inflicted upon so many innocent people?

The cost of fraud

Why are chemical companies exempt from premeditated fraud, costing our Health Department billions of dollars of taxpayers' money? Why haven't the chemical companies and the drug manufacturers and importers been charged for the cruel suffering that their chemical has inflicted upon so many innocent people? Why haven't they been charged with fraud over their dishonest and false product liability statements and for breach of their "experimental use only" approval criterion, knowingly allowing a dangerous substance to be administered in a medical procedure?

Historical data show that the manufacturers were well aware of the dangers associated with this insidious chemical, so their continued marketing and supply constitutes a premeditated, deliberate act of assault upon the people of Australia.

If an individual deliberately caused any one of these injuries, he or she would be charged, tried and imprisoned; there would be great outrage and compensation to the victims. What are we going to do about these insidious chemical companies that knew more than 30 years ago that their chemical caused arachnoiditis?

Recognition is given to those suffering from chronic fatigue syndrome, asthma, cerebral palsy, motor neurone disease, multiple sclerosis and diabetes, but myelogram-induced arachnoiditis sufferers are ignored. Why?

The Hon. Jenny George, MHR, Member for Throsby, moved a private member's bill in Federal Parliament on 16 September 2002, calling for a full independent inquiry. The government defeated it and had it thrown out. Why? Because the Australian Federal Government approved and supported this insidious chemical attack upon its own citizens and has deliberately ignored the victims' plight ever since, while protecting the chemical companies and refusing to prosecute them for their chemical war on medical patients.

The disrespectful manner in which the Australian Government has treated these unfortunate people, whose only crime was not knowing the right questions to ask before a "minimally invasive" myelogram or epidural steroid injection was performed, has been desperately sad to see.

A request for a parliamentary inquiry from every reader is the only way there will ever be recognition and justice for these victims. Would you please give this your support and write to your Federal Member of Parliament and tell him or her that you refuse to vote for them if they do not promptly hold an independent inquiry.

It is time to show the same level of concern for our fellow Australians that we showed for the tsunami victims.

This is the story that must be told. Please tell this story to everyone and help get recognition for the victims.

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• Dr Sarah Smith from the UK's National Organisation for Healthy Backs. See her 2002 article "How the Dye was Cast: Shedding Light on a Dark Industry" at http://www.arachnoiditis.info/content/pantopaque/sarahs_pantopaque.doc.

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Gil May is a farmer's son from Won Wron, Gippsland, Victoria, with varied experience in engineering-related areas as well as business management and industrial relations. Thirty-four years ago, working as a power station senior operator, he suffered a back injury and was given a myelogram without any advice on potential side effects. Unable to obtain answers about his symptoms, he conducted research and discovered that his X-rays showed residual traces of Myodil. He has since been communicating with other sufferers of the chemical's dire side effects.

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